



### **What is Specialty Retail?**

Over the years the retail industry has embraced this program which has proven successful all year round. They started with a dream, a vision, or an idea and grew their very own business, in one of our properties through the Specialty Leasing Program. You too can become part of this dynamic industry with low start up costs and minimal risk in a very short amount of time. We can help you in all areas of starting your own business, such as, business planning, merchandise selection, and visual merchandising.

### **Getting Started**

We can provide you with several tools to assist you in building your own business and cultivating your dreams in one of our shopping centers. We offers retail experience both at the shopping center level and corporate level. Our size, national presence and corporate support offer you decades of experience for your new business venture.

- **Rates:**  
License fees for the carts and kiosk and inline stores vary on location, length of term and products. Please call for more information.
- **Insurance Requirements:**  
An insurance certificate is required prior to opening your business. General Liability, Employers Liability, and Worker's Comp are necessary.
- **Required Permits:**  
All retailers are required to have a Business License for the appropriate city
- **Specialty Leasing Process:**  
After we receive your initial merchant information form, we will work with you to establish products, locations, rates and other details. Your application will then be submitted for approval. Once approved, the deposit, fees and signed paperwork will need to be finalized

\*Please note: The above Specialty Leasing information is subject to change and is not to be construed as an obligation by either party to enter into a binding agreement.

**Specialty Leasing Application  
West Oaks Mall**

***This is for informational purposes only and is not to be considered in any way a commitment to enter into a License Agreement with the applicant.***

Interested In: \_\_\_\_\_ In-Line: Size required: \_\_\_\_\_ Square Feet: \_\_\_\_\_ RMU/Cart \_\_\_\_\_  
KIOSK (10x10 MAX) \_\_\_\_\_

**PERSONAL INFO:**

Tenant Legal Name: \_\_\_\_\_

Business Trade Name / DBA: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**BUSINESS INFO:**

Type of Business: \_\_\_\_\_

Items to be sold (please be specific): \_\_\_\_\_

Range of product prices: \_\_\_\_\_

Desired term (include earliest start date): \_\_\_\_\_

Projected monthly sales: \_\_\_\_\_

Anticipating Opening Date: \_\_\_\_\_

Anticipating Date of Procession: \_\_\_\_\_

**OWNERSHIP:**

\_\_\_\_\_ Corporation \_\_\_\_\_ Years Incorporated \_\_\_\_\_ State

\_\_\_\_\_ Partnership \_\_\_\_\_ Individual

\_\_\_\_\_  
Name of Co-Signer Social Security #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Years at this Address

\_\_\_\_\_  
Home Phone Number Work Phone Number Cell Phone Number

**EXISTING BUSINESS:**

Number of Stores: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Location(s): \_\_\_\_\_

Average Size: \_\_\_\_\_ SF Total Sales: \$ \_\_\_\_\_

Average Sales Per Store: \$ \_\_\_\_\_ Average Sales Per SF: \$ \_\_\_\_\_

Previous Operating Expense: \_\_\_\_\_

General Comments:

\_\_\_\_\_

**ATTORNEY INFO:**

Attorney's Name: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_

Attorney's Phone Number: \_\_\_\_\_

**REFERENCES:**

LANDLORD REFERENCES:

\_\_\_\_\_  
(1) Contact Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Years Affiliated

\_\_\_\_\_  
Phone Number

VENDOR REFERENCES:

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(1) Business Name \_\_\_\_\_ Contact Name \_\_\_\_\_

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Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Years Affiliated \_\_\_\_\_

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Phone Number \_\_\_\_\_

**PERSONAL REFERENCES:**

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(1) Name \_\_\_\_\_

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Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Years Affiliated \_\_\_\_\_

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Phone Number \_\_\_\_\_

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(2) Name \_\_\_\_\_

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Address \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Years Affiliated \_\_\_\_\_

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Phone Number \_\_\_\_\_

**OTHER INFO:**

Referred by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*All rent must be paid with certified funds or money orders\*\***

Return Application To:  
West Oaks Mall  
Management Office  
9401 W. Colonial Dr. # 728  
407-294-1494 ext. 114  
m.damato@mlgpllc.com

**AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION**

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I (we) irrevocably authorize Moonbeam Capital Investments, LLC and it's group of companies and their authorized agents and employees (herein referred to as MCI, LLC) to obtain from any credit reporting agency all records, histories, summaries, reports, investigations and any other information (all herein referred to as Information) pertaining to my (our) personal credit history including matters for which I am (or we are or have been individually or jointly responsible as guarantor).

I (we) hereby forever release, remise and discharge MCI, LLC from any claims, suits, liabilities, actions or causes of action, contracts or warranties which may arise directly or indirectly, remotely or proximately from MCI, LLC use or obtaining any of the foregoing Information. However, it cannot provide or show me a copy of any Information obtained nor can it discuss any specific information or items. MCI, LLC shall use all reasonable efforts to maintain the confidentiality of all Information received in accordance with this Authorization. A copy of this authorization shall be as valid and binding as the original. I (we) have read and executed this Authorization on the date first above recited.

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Current Residential Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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(2<sup>ND</sup> PARTY)

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Current Residential Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**PERSONAL FINANCIAL STATEMENT**

**No. 2 Accounts, Loans and Notes Receivable** (A list of the largest amounts owing to me)

Name and	Amount	Age of	Dates	Description/Nature	Description of Security
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I make the following statement of all my individually owned assets and liabilities as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and furnish other material information for the purpose of obtaining credit with you on instruments bearing my signature, endorsement, and guarantee, and agree to notify you promptly of any change affecting my ability to pay.

ASSETS	LIABILITIES AND NET WORTH
<b>CASH</b> ON HAND AND UNRESTRICTED IN BANKS: \$	<b>16. NOTES PAYABLE TO BANKS, UNSECURED: \$</b>
<b>US SECURITIES (GUARANTEED) \$</b>	<b>17. NOTES PAYABLE TO BANKS, SECURED: \$</b>
<b>GOVERNMENT AGENCIES SECURITIES: \$</b>	<b>18. NOTES RECEIVABLE-DISCOUNTED</b> WITH BANKS, FINANCE COMPANIES, ETC: \$
<b>ACCOUNTS &amp; LOANS RECEIVABLE: \$</b>	<b>19. NOTES PAYABLE TO OTHERS-UNSECURED: \$</b>
<b>NOTES RECEIVABLE-NOT DISCOUNTED: \$</b>	<b>20. NOTES PAYABLE TO OTHERS-SECURED: \$</b>
<b>NOTES RECEIVABLE-DISCOUNTED: \$</b>	<b>21. LOANS AGAINST LIFE INSURANCE: \$</b>
<b>LIFE INSURANCE-CASH SURRENDER VALUE: \$</b>	<b>22. ACCOUNTS PAYABLE: \$</b>
<b>STOCK &amp; SECURITIES OTHER THAN GUARANTEED</b> US GOV'T AND GOV'T AGENCIES: \$	<b>23. INTEREST PAYABLE: \$</b>
<b>REAL ESTATE</b> REGISTERED IN OWN NAME: \$	<b>24. TAXES &amp; ASSESSMENTS PAYABLE: \$</b>
<b>AUTOMOBILES</b> REGISTERED IN OWN NAME: \$	<b>25. MORTGAGE PAYABLE ON REAL ESTATE: \$</b>
<b>OTHER ASSETS: \$</b>	<b>26. BROKERS MARGIN ACCOUNTS: \$</b>
<b>SUBTOTAL: \$</b>	<b>27. TOTAL LIABILITIES: \$</b>
<b>LESS LINE NUMBER 31: \$</b>	<b>28. NET WORTH FROM LINE 14: \$</b>
<b>NET WORTH (TO BE SHOWN ON LINE 33): \$</b>	<b>29. TOTAL LIABILITIES &amp; NET WORTH</b> LINE 27 PLUS LINE 28: \$
<b>TOTAL ASSETS: \$</b>	

SOURCE OF INCOME	PERSONAL INFORMATION
SALARY	Business or Occupation <span style="float:right">Age</span>
BONUS & COMMISSION	
DIVIDENDS	
REAL ESTATE INCOME	
ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION	Partner or officer in any other venture
Other income: \$	<b>GENERAL INFORMATION</b>
<b>TOTAL INCOME: \$</b>	Are any assets pledged? <span style="float:right">To Whom?</span>
<b>CONTINGENT LIABILITIES</b>	Are you a defendant in any suits or legal actions?
endorser, co-maker, or guarantor	Are there any unsatisfied judgments against you?
leases or contracts	If yes, to whom?
legal claims	Have you been declared bankrupt in the last 14 years?
provision for Federal Income Taxes	If yes, explain?
Other Special Debt	

**SUPPLEMENTARY SCHEDULES**

**No. 1 Banking Relations** (A list of all my bank accounts including savings and loans)

Name and Location of Bank	Cash Balance	Amount of Loan	Maturity of Loan
	\$	\$	
	\$	\$	

Address of Debtor	Owing	Debt	Payment Expected	of Debt	Held

**No. 3 Life Insurance** (Attach schedule if necessary)

Owner of Policy	Name of Beneficiary	Name of Ins. Co.	Face of Policy	Total Cash Surrender Value	Title Loans on Policy	Policy Assigned

**No. 4 Stocks & Bonds** (Attach schedule if necessary)

Face value of # of Shares	Description of Security	Registered in Name of	Original Cost	Present Market Value	To Whom Pledged

**No. 5 Real Estate** (Attach schedule if necessary)

Description or Street #	Title in Name of	Mortgages or Liens	Amount Payments	Original Cost	Present Market Value	Taxes Current?

**No. 6 Jointly Owned Property** - Details of summary on front page (Attach schedule if necessary)

Assets	Value	Name of Joint Tenant
	\$	
	\$	
	\$	
	\$	
	\$	

These statements are delivered to Moonbeam Capital Investments, LLC to induce credit from time to time and/or to continue its present extension of credit, at its discretion, to the undersigned. The undersigned hereby certifies that these statements are correct and complete and accurately reflect the condition and affairs of the undersigned at the date and for the period(s) stated and that said statements reflect all known liabilities, direct or contingent, as of the date hereof.

The undersigned also represents and warrants that to his knowledge there has to date been no material adverse charge in the conditions or affairs of undersigned from the date of said statements.

The undersigned does hereby request and warrant that local title to all property herein described or referred to, excepting only jointly owned property, as separately scheduled herein as such, is in the sole name of the undersigned. Every person who is a party to the statement agrees that his/her separate property listed herein or herein referred to and property or interests into which property listed herein or herein referred to is converted or re-converted, including his/her interest in property jointly, by entirety or in common with another party to this statement, shall be available to the bank for payment of all indebtedness or other obligations of the parties making this statement, or either of them, either voluntary or involuntary by levy of execution or otherwise.

Moonbeam Capital Investments, LLC is authorized to make all inquiries deemed necessary to verify the accuracy of the information contained herein, and to determine the creditworthiness of the undersigned. Each of the undersigned authorizes the bank to answer questions about his credit experience with the undersigned.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Social Security #: \_\_\_\_\_



## **TENANT INFORMATION FORM**

### **New Business Information**

The Licensee is responsible for securing all business and/or tax licenses that are required by local, state or federal law.

#### **Important Numbers**

<b>Ocoee Post Office</b>	407-656-4200
<b>City of Ocoee Occupational License</b>	407-905-3156
<b>Orange County Occupational License</b>	407-836-5650

Any food uses or food sampling must be pre-approved by the Florida Department of Health and they can be reached at 850-245-4250.

All Inline spaces will be charged a monthly/sewer charge-adjusted at year end to actual use.

#### **To take possession of space:**

- Signed Executed Agreement
- Copy of Driver's License/Social Security Card
- Power turned over into tenant's name
- Certificate of Insurance with West Oaks Mall, FL LLC, Moonbeam Capital Investments LLC, Mo0nbeam Leasing & Management LLC, West Oaks Mall MGMT LLC, Moonbeam equities I LLC and their shareholders, agents and employees and affiliates added as additional insured
- Security Deposit

#### **Prior to opening for business:**

- Store front sign proof submitted for approval and installed
- Copies of Occupational License
- Copy of approved passed Health Inspection for food court tenants
- First month's rent
- Completed Emergency contact form

## Standard Certificate of Insurance Requirements

**West Oaks Mall  
9401 W. Colonial Drive # 728  
Ocoee, FL 34761**

**General Liability:** \$1,000,000 Occurrence / \$2,000,000 Aggregate  
\$1,000,000 Products Comp / Op Aggregate  
\$1,000,000 Personal & Advertising Injury  
\$ 50,000 Fire Legal Liability  
**Include Waiver of Subrogation**

**Automobile Liability:** \$1,000,000 Combined Single Limit

**Workers' Compensation:** Statutory  
**Employers' Liability:** \$500,000 Each Accident  
\$500,000 Disease, Policy Limit  
\$500,000 Disease, Each Employee

**Property:** Special Form Perils ("All Risk")  
Improvements & Betterments  
Business Income  
Replacement Cost  
**Include Waiver of Subrogation**

**Cancellation Clause:** 10 Days Notice

The following must be stricken from the cancellation wording "Endeavor to... but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents, or representatives."

**OR**

If this is not possible, must provide an Additional Insured Endorsement specifically naming the above entities to policies.

Please reference **the Store / Brand Name** and **Store Number** for identification purposes.  
**MOIs and Faxes will not be accepted.**

Additional Insured: **West Oaks Mall FL LLC, Moonbeam Capital Investments LLC, Moonbeam Leasing & Management LLC, West Oaks Mall MGMT LLC, Moonbeam Equities I LLC, and its employees, beneficiaries and agents.**